

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/847945
APPLICANT(S)

FILING DATE

1/23/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

•	•	•	•	•	•	•
61	1	1	1	1	1	1
62	1	1	1	1	1	1
63	1	1	1	1	1	1
64	1	1	1	1	1	1
65	1	1	1	1	1	1
66	1	1	1	1	1	1
67	1	1	1	1	1	1
68	1	1	1	1	1	1
69	1	1	1	1	1	1
70	1	1	1	1	1	1
71	2	2	2	2	2	2
72	1	1	1	1	1	1
73	3	3	3	3	3	3
74	3	3	3	3	3	3
75	3	3	3	3	3	3
76	3	3	3	3	3	3
77	3	3	3	3	3	3
78	3	3	3	3	3	3
79	1	1	1	1	1	1
80	1	1	1	1	1	1
81	1	1	1	1	1	1
82	1	1	1	1	1	1
83	1	1	1	1	1	1
84	1	1	1	1	1	1
85	1	1	1	1	1	1
86	1	1	1	1	1	1
87	1	1	1	1	1	1
88	1	1	1	1	1	1
89	1	1	1	1	1	1
90	1	1	1	1	1	1
91	1	1	1	1	1	1
92	1	1	1	1	1	1
93	1	1	1	1	1	1
94	1	1	1	1	1	1
95	1	1	1	1	1	1
96	1	1	1	1	1	1
97	1	1	1	1	1	1
98	1	1	1	1	1	1
99	1	1	1	1	1	1
100	1	1	1	1	1	1
TOTAL IND.	3	4	4	4	4	4
TOTAL DEP.	39	76	76	76	76	76
TOTAL CLAIMS	42	80	80	80	80	80